## CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted
  directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit
  manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county
  where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1.	RESPONSE NEEDED DUE TO:  Policy/Regulation Interpretation	5.	DATE OF REQUEST: 1/28/16	NEED RESPONSE BY: 2/8/16
	☐ QC ☐ Fair Hearing ☐ Other:	6. COUNTY/ORGANIZATION: Butte		
		7. SUBJECT: Income Verification		
2.	REQUESTOR NAME: Dianna George	8.	REFERENCES: (Include ACL/ACIN, NOTE: All requests must have a re	court cases, etc. in references) gulation cite(s) and/or a reference(s).
3.	PHONE NO.: (530) 879-3522		CF 285 and CW 2200	
4.	REGULATION CITE(S): 63-300.5e			

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

On the CF 285 and the CW 2200 it tells the customer to have 30 days of earned income verification for each household member when they apply, however the regulations below and ACL 12-25 and 12-25E do not specify this.

Gross non-exempt income must be verified for all households prior to certification. However, if verification of income has been unsuccessful after exhausting all attempts because the person or organization providing the income has failed to cooperate with the household and the EW, and all other sources of verification are unavailable, the eligibility worker will determine an amount to be used for certification purposes based on the best available information.

## 10. REQUESTOR'S PROPOSED ANSWER:

Please provide examples of this 30 day scenario as I do not have a proposed answer based on my research. Other than those forms I could not locate anything that says they have to provide 30 days of earned income or I missed it.

## 11. STATE POLICY RESPONSE (CFPB USE ONLY):

The State does not have examples of the 30 day scenario. Per I-45-11, the County Welfare Department shall determine an amount to be used for the purpose of eligibility determination based on the best available information, which may include an affidavit completed by the household. Eligibility workers should continue to determine an amount to be used based on the best available information.

FOR CI	DSS USE
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:
01/29/2016	02/12/2016 (TJ)

RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:
<ul> <li>☐ Policy/Regulation Interpretation</li> <li>☐ QC</li> <li>☐ Fair Hearing</li> <li>☐ Other:</li> </ul>	6.	6. COUNTY/ORGANIZATION:	
	7.	7. SUBJECT:	
. REQUESTOR NAME:	8.	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
PHONE NO.:	PP (Park) PA (PARK) A second s		
. REGULATION CITE(S):			

CF 24 (7/12)